EPA - R5 - 2014 - 00 3656 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

sa rote, to Section V. Lins-byDate Received Instructions for Completing Notification of Regulated

EPA Form 8700-12 before completing this form. The information requested here is required by lew (Section 3010 of		-D/			Seletari	E	Δ		11.11								± <u>√</u> Fc	ar Of	ficial	Use	Only Zim	y) '
the Resource Conservation and Recovery Act)			an an isang Kabupatèn	lted S	JOSEPH VE	(14) ri - 40 (1		ienta Test	Pro	tectic	n Ag	ency					共和	AW		414	Jelyh Maria	
I Instaliation's EPA ID Nu	micei pr	Service in the service of	anger gage	er er og er er en er og er	anda.	u leta	MATERIA Talenta															
A. Initial Notification		SB. € (Subseq <i>Compl</i>	uent ete It	Noti em (ficat)	ion ,			1	L	\mathcal{R}			· · · · T	· · · · · · · · · · · · · · · · · · ·		·	5 g		7	
II. Name of Installation (Іг	nclude c	ompany	and s	pecifi	ic sit	e na	me)															
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III. Location of Installation	n (Physic	cal addı	ress no	it P.C). Bo	x or	Rou	te Ni	umb													
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IV. Installation Mailing A	ddress	(See In:	struction	ons)																		
Street or P.O. Box	指足りで								hiy Mily											TECHNICAL PROPERTY.		
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V. Installation Contact (الموالية المواتية	5 July 2 July 2	ntacte	d reg	ardiı	ng w	aste	acti	vitie	s at	site)		Ž									
Name (Last)			aložii						rst)													
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VI Installation Contact		////// (See Ir		ions)																		
A Contact Address B	. Street c	or P.O.	Вох		ACC				Y Y	FLATS TELEST					fi i bayas Taribayas		ido					
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VII. Ownership (See Ins		Water Company																				
A. Name of Installation's	dinggrada (in 1979)			0.510		h é i		SE		源的			74									
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Phone Number (Area Co				b. earl	В	Land	Туре) (4c 2)	C. Ov	ner T	ype "	1/	ј 7 В с	ر hang	e of 0	wher) [4]	Spign-	(Date	Chan	ged):	A. M.
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Barrier Marie Carlo Marie Marie Carlo Carl		ID - Fr	or Official Use Only	可能的影響力等[4] 10
I. Type of Regulated Waste Activity (Mark '	'X' in the appropriate boxes. Refu	er to Instructions)		
A. Hazardous Was	The state of the s	B. L	Ised Oil Recycling A	ctivities
Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 55. Other - specify	3. Treater, Storer, Disposinstallation) Note: A percequired for this activit instructions: 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boiler and/or Industrial F 1. Smelter Deferral 2. Small Quantity Exemples indicate Type of Combination Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection C	rmit Is	ed Oil Recycling Mark Marketer Directs Ship Dil to Off-Specification Marketer Who First CI Jsed Oil Meets the Sp ed Oil Burner - Indica Combustion Device Utility Boiler Industrial Boiler Industrial Furnace ed Oil Transporter - Industrial Furnace ed Oil Transporter - Industrial Furnace ed Oil Processor/Redicate Type(s) of Acti Process Re-refine	ment of Used n Burner aims the becifications ite Type(s) ndicate Device(s)
Description of Regulated Wastes (Use ac A. Characteristics of Nonlisted Hazardous	dditional sheets if necessary) 🎄			
(D001) (D002) (D003) Cha	Toxicity (List specific EPA haz caracteristic contaminant(s))	zardous waste numbe	31)
	9 10		51: 11:	6
C. Other Wastes. (State or other wastes requ	airing a handler to have an I.D. nu	imber; See instruc	tions.)	6
X Certification				
I certify under penalty of law that this documen a system designed to assure that qualified per person or persons who manage the system, or is, to the best of my knowledge and belief, true, information, including the possibility of fine a	those persons directly responsible	le for gathering the lare that there are sinlations	information, the inform	nation submitted submitting false
Signature Signature		ype or printi WA65C	08	-31-00
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XI. Comments				
XI Comments				

Please refer to the Instructions for Filling Notification before completing this form. The



Notification of Regulated For Official Use Day

required by law (Section 3010 of the Resource Conservation and Recovery Act): United States Environmental Prote	ction Agency
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. First Notification B. Subsequent Notification (Complete item C)	C. Installation's EPATONUMBERION V
II. Name of Installation (Include company and specific site name)	
CF MOTORCREIGHT IN	(C.)
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street	
23348 W EAMES ST	T VECE DAMP
Street (Continued)	· 假 · 不 · · · · · · · · · · · · · · · ·
	1944 Appl 11 3 1948
City or Town	State Zip Code
CHAWMAHON	160410-
County Code County Name	
197WILL	
IV. Installation Mailing Address (See Instructions)	and the second s
Street on P.O. Box	
SIHIMIE	
City or Town	State Zip Code
V. Installation Contact (Person to be contacted regarding waste activities at s	site)
	 A construction of the contract of
Name (Last) (First)	
LAVALLE	
LAVALLE SAM Job Title Phone Nur	nber (Area Code and Number)
LAVALLE SAM Job Title Phone Nur TERMINAL MANAGE 1/5	
Job Title Phone Num Place Paragraph Place Plac	nber (Area Code and Number)
Job Title Phone Nur PL R M I N A L M A N A G & B I S VI. Installation Contact Address (See Instructions) A. Contract Address Location Mailing Other B. Street or P.O. Box	mber (Area Code and Number) - 4 6 7 - 4 7 6 6
Job Title Phone Num TERMINALE A Contract Address (See Instructions) A. Contract Address (See Instructions) A. Contract Address (See Instructions) B. Street or P.O. Box 2 3 3 4 8 W E A M E S	mber (Area Code and Number) - 4 6 7 - 4 7 6 6
Job Title Phone Num Phone Num PL R M I N A L M A N A G E I S I S VI. Installation Contact Address (See Instructions) A. Contract Address: Location Mailing Other B. Street or P.O. Box City or Town	nber (Area Code and Number) - 4 6 7 - 4 7 6 6 State Zip Code
Job Title Phone Num PL RMINAL MANAGE 1 5 VI. Installation Contact Address (See Instructions) A. Contract Address Location Mailing Other B. Street or P.O. Box City or Town C. HANNAHON	mber (Area Code and Number) - 4 6 7 - 4 7 6 6
Job Title Phone Num PL RMINAL MANAGE 1/5 VI. Installation Contact Address (See Instructions) A. Contract Address Location Mailing Other B. Street or P.O. Box City or Town C. HANNAHON VII. Ownership (See Instructions)	The Code and Number
Job Title Phone Num TERMINALE SAM Phone Num TERMINALE SAM Phone Num TERMINALE SAM Phone Num TERMINALE SAM Phone Num TERMINALE SET SET OF P.O. Box STREET OF P.O. Box City or Town CHANNALE VII. Ownership (See Instructions) A. Name of installation's Legal Owner	nber (Area Code and Number) - 4 6 7 - 4 7 6 6 State Zip Code
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Job Title Phone Num Place Report Note Re	State Zip Code
LAVALLE Job Title Phone Nur Reference See Instructions) A. Contract Address (See Instructions) A. Contract Address (See Instructions) B. Street or P.O. Box City or Town: CHANNAAHON VII. Ownership (See Instructions) A. Name of installation's Legal Owner CFMOTORE REFERENCE SAM Phone Nur Phone Nu	State Zip Code
Job Title Phone Num Place Report Note Re	State Zip Code

	·	ID - For Official Use Only
VIII. Type of Regulated Waste Activit		
A. Hazardo	us Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs) b. 100 to 1000 kg/mo (200-2,200 lbs) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxed below) a. For own waste only b. For commercial purposes. Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	required for this activitions.	ermit Is
IX. Description of Hazardouş Wastes	(Use additional sheets if necessary)	
A. Characteristics of Nonlisted Haza nonlisted hazardous wastes your insta	rdous Wastes. (Mark 'X' in the boxes of liation handles; See 40 CFR Parts 261,20	
Ignitable 2. Corrosive 3. Reactive	4. Toxicity	
(D001) (D002) (D003)	Characteristic: (List specific EPA hazardous	waste number(s) for the Taxicity characteristic contaminant(s
3. Listed Hazardous Wastes. <i>(See 40</i>	CFR 261.31 - 33; See instructions if you n	eed to list more than 12 waste codes.)
1 2 2 3 8 8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4	5 6 11 12
C. Other Wastes. (State or other wastes	requiring a handler to have an I.D. numbe	
1 2	3 4	1. 100 / 700 - 200 - 1000 - 20
C. Certification		and a contract of the property
system designed to assure that qualified per or persons who manage the system, or thos	sonnel properly gather and evaluate the infi e persons directly responsible for gatherir ate, and complete. I am aware that there are	nder my direction or supervision in accordance with ormation submitted. Based on my inquiry of the persong the information, the information submitted is, to the significant penalties for submitting false information
Signature	Name and Official Title (Type	or print) Date Signed
	TERMINAL MANA	(CE/L) // - (/ E
II. Comments		
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